

## REQUEST FOR DEFERRAL/WAIVER

### PLEASE READ AND FOLLOW INSTRUCTIONS.

A.R.S. §12-302

On request, a customer will be given a Deferral at the time of filing of documents if he/she qualifies for either a Deferral or a Waiver. The payment required at the time of filing will be based on the information you provide in your financial questionnaire. Please be aware that if you claim government assistance, you must have current proof of such. To find the amount you must pay at the time of filing; find the row listing family size and the column with your monthly gross income on the FEE DEFERRAL CHART. You may have to pay the full amount or, if eligible, be assigned one of three payment plans:

- (A) Make a partial payment of 25% and the balance in three monthly payments.
- (B) Make a partial payment of \$10.00 and then pay \$10.00 per month until amount is paid in full.
- (C) Make no payment until the final hearing of case, at which time you may ask the court for a waiver. A waiver can only be requested at the final hearing or when notice is received from the Clerk of Court. Client has 20 days to submit a supplemental application for a waiver of full amount owed or request an extension of the deferral. If no supplemental application is received within 20 days of judgement, then full payment is due.

Please note:

We accept both Visa and MasterCard.

Reminder:

Please read and follow all instructions.

DEFERRAL/WAIVER applications must be completely filled out. If not, your application will be rejected and the Deferral will be denied.

**MARICOPA COUNTY COURT FEE DEFERRAL CHART  
EFFECTIVE JANUARY 1, 2003**

**Monthly Gross Income**

<b>Family Size</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Above</b>
<b>1</b>	<b>\$1,108</b>	<b>\$1,292</b>	<b>\$1,661</b>	<b>Denied</b>
<b>2</b>	<b>\$1,493</b>	<b>\$1,741</b>	<b>\$2,239</b>	<b>Denied</b>
<b>3</b>	<b>\$1,878</b>	<b>\$2,190</b>	<b>\$2,816</b>	<b>Denied</b>
<b>4</b>	<b>\$2,263</b>	<b>\$2,640</b>	<b>\$3,394</b>	<b>Denied</b>
<b>5</b>	<b>\$2,648</b>	<b>\$3,089</b>	<b>\$3,971</b>	<b>Denied</b>
<b>6</b>	<b>\$3,033</b>	<b>\$3,538</b>	<b>\$4,549</b>	<b>Denied</b>
<b>7</b>	<b>\$3,418</b>	<b>\$3,987</b>	<b>\$5,126</b>	<b>Denied</b>
<b>8</b>	<b>\$3,803</b>	<b>\$4,436</b>	<b>\$5,704</b>	<b>Denied</b>
<b>For each additional person, add</b>	<b>\$385</b>	<b>\$449</b>	<b>\$578</b>	<b>Denied</b>

<b>Payment amount</b>	<b>Full Deferral</b>	<b>\$10 down \$10 per month</b>	<b>25% down 25% per month</b>	<b>Full amount</b>
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FIND THE ROW OF YOUR FAMILY SIZE AND COLUMN OF YOUR MONTHLY GROSS INCOME. THIS WILL INDICATE WHAT YOU MUST PAY AS YOUR MONTHLY COURT FEE.

IF YOUR INCOME IS ABOVE THE AMOUNTS IN COLUMN 3, THE TOTAL FILING FEE IS DUE AT THE TIME OF FILING.

PROOF IS NEEDED FOR THOSE INDICATING TO BE A FOOD STAMP, TANF, OR GENERAL ASSISTANCE RECIPIENT. THIS IS ALSO TRUE FOR SSI PARTICIPANTS AND CLIENTS OF COMMUNITY LEGAL SERVICES.

IF YOUR PRESENT INCOME INDICATES THAT YOU SHOULD RECEIVE A TOTAL DEFERRAL OF FEES, THE JUDGE AT THE END OF THE CASE WILL DETERMINE HOW MUCH YOU SHOULD PAY.

CASE NUMBER: \_\_\_\_\_

Plaintiff / Petitioner

v.

Defendant / Respondent

DATE: \_\_\_\_\_

**Applicant**

Complete all  
information  
in this  
section.

**DEFERRED FEE APPLICATION INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**PHONE (H):** (      )

**DO YOU HAVE AN ATTORNEY?** ☐ YES ☐ NO

**PHONE (W):** (      )

**FINANCIAL STATUS OF A DEFERRED FEE**

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED:** \$ \_\_\_\_\_

**AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING:** \$ \_\_\_\_\_

**BALANCE:** \$ \_\_\_\_\_



☐ CASH

☐ CHECK

**CREDIT CARD #** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**LAST 3 DIGITS ON SIGNATURE PANEL:** \_\_\_\_\_

**BALANCE OF DEFERRED FEE(S) DUE ON** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, **20** \_\_\_\_\_

**I (APPLICANT) SHALL MAKE** (☐ WEEKLY ☐ MONTHLY) **PAYMENTS OF \$** \_\_\_\_\_

**FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.**

**ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS AGENCY.**

**Special  
Commissioner**

Complete this  
section if a  
payment plan  
is set up.

Cross out if  
deferred until  
further notice.

**Applicant's**

**SIGNATURE:** \_\_\_\_\_

**Special  
Commissioner**

Check why  
deferred until  
further notice.

☐ TEMPORARY ASSISTANCE TO NEEDY FAMILIES

☐ SSI

☐ FOOD STAMPS

☐ GENERAL ASSISTANCE

☐ COMMUNITY LEGAL SERVICE

☐ < 150%

**Applicant's**

**SIGNATURE:** \_\_\_\_\_